



## Declaration of Primary State of Residences

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
                     Last                                      First                                      Middle

CURRENT MAILING ADDRESS			PERMANENT MAILING ADDRESS (if different from current address)		
Box or Street			Box or Street		
City	State	Zip Code	City	State	Zip Code

Tennessee Registered Nurse License No: \_\_\_\_\_ Tennessee Licensed Practical Nurse License No: \_\_\_\_\_

Telephone – Work (\_\_\_\_\_) \_\_\_\_\_ Telephone – Home (\_\_\_\_\_) \_\_\_\_\_

I declare that my primary state of residence is \_\_\_\_\_. This state is referred to as my home state and means that it is my “declared fixed permanent and principal home for legal purposes”.

I am currently practicing nursing (including telenursing) in the following states:

\_\_\_\_\_

I am currently licensed in the following states:

\_\_\_\_\_

Please **INITIAL** each statement that applies to you:

\_\_\_\_\_ I am currently licensed in Tennessee as well as another compact state\*. The other compact state is my primary state of residence. I understand that my Tennessee license will not be valid after the compact is enacted in my primary state of residence.

\_\_\_\_\_ I am currently licensed in Tennessee. My primary state of residence is another compact state in which I am not currently licensed. I understand that I will need to apply for licensure in my primary state of residence (home state) and that my Tennessee license will not be valid after the compact is enacted in my primary state of residence.

\_\_\_\_\_ I am currently licensed in Tennessee and serving in the armed service or practicing in a federal institution. I understand that the Nurse Licensure Compact may not apply to me as long as I practice only in a federal institution.

\_\_\_\_\_ I am currently licensed in the following non-compact states: \_\_\_\_\_. I understand that I must continue to hold a license from each non-compact state in which I practice.

By the signature below, I attest to the accuracy of the information provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*As of April 1, 2004, the following states will be participating in the Nurse Licensure Compact and will be referred to as compact states: Arizona, Arkansas, Delaware, Idaho, Indiana, Iowa, Maine, Maryland, Mississippi, Nebraska, New Mexico, North Carolina, North Dakota, South Dakota, Tennessee, Texas, Utah and Wisconsin. All other states will be referred to as non-compact states.

PLEASE RETURN THIS COMPLETED STATEMENT WITH A COPY OF DRIVERS LICENSE VIA MAIL TO THE TENNESSEE BOARD OF NURSING, 227 FRENCH LANDING, SUITE 300, HERITAGE PLACE METRO CENTER, NASHVILLE, TN 37243, or FAX to (615) 741-7899. If you have questions, please call 1-800-778-4123, Ext. 25166.